

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Steve HEALD

Conf. 4057

Application No. 10/550,945

Group 1651

Filed November 30, 2006

Examiner Irene MARX

PREPARATION OF VANILLIN FROM MICROBIAL TRANSFORMATION MEDIA BY  
EXTRACTION BY MEANS SUPERCRITICAL FLUIDS OR GASES

**REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

June 6, 2011

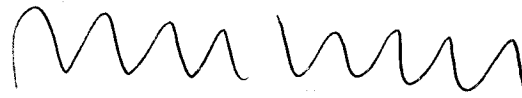
Sir:

Receipt is acknowledged of the Filing Receipt for  
Serial No. 10/550,945.

It is requested that a new Filing Receipt be issued on  
which the name of the second inventor is correctly given as Steve  
Myers (Not Myers Steve), as shown by the accompanying  
Supplemental Application Data Sheet.

Respectfully submitted,

YOUNG & THOMPSON



---

Robert J. Patch, Reg. No. 17,355  
209 Madison Street, Suite 500  
Alexandria, VA 22314  
Telephone (703) 521-2297  
Telefax (703) 685-0573

## Supplemental Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PREPARATION OF VANILLIN FROM MICROBIAL TRANSFORMATION MEDIA BY EXTRACTION BY MEANS SUPERCRITICAL FLUIDS OR GASES
Attorney Docket Number::	0546-1082
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: STEVE  
Middle Name::  
Family Name:: HEALD  
Name Suffix::  
City of Residence:: CANTERBURY  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing 19 HARCOURT DRIVE  
Address::  
City of Mailing Address:: CANTERBURY  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: CT2 8DP

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: ~~MYERS~~ STEVE  
Middle Name::  
Family Name:: STEVE MYERS  
Name Suffix::  
City of Residence:: DARTFORD  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing C/O ABBOTT MUREX  
Address::  
City of Mailing Address:: DARTFORD

State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: TIM  
Middle Name::  
Family Name:: WALFORD  
Name Suffix::  
City of Residence:: SURREY  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing 35 PARKWAY  
Address:: DORKING  
City of Mailing Address:: SURREY  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: KEITH  
Middle Name::  
Family Name:: ROBBINS  
Name Suffix::  
City of Residence:: SURREY  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing BROCKHAM LANE

Address:: BROCKHAM, BETCHWORTH  
City of Mailing Address:: SURREY  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: RH3 7DA

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: COLIN  
Middle Name::  
Family Name:: HILL  
Name Suffix::  
City of Residence:: KENT  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing 10 MYRTLE GREEN  
Address:: ASHFORD  
City of Mailing Address:: KENT  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: TN23 3QN

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/GB2004/001394	3/29/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GRET BRITAIN	0307232.9	3/28/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::